

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3658AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2009
NAME OF PROVIDER OR SUPPLIER HOLY FAMILY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3235 DELNA STREET SPARKS, NV 89431		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 25375 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 10/8/09 to 12/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. Complaint intake number NV00023142 was substantiated. See Tag Y851. The following deficiencies were identified:	Y 000		
Y 851 SS=G	449.274(1)(b) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (b) Request emergency services when such services are necessary.	Y 851		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 851	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review and interview from 9/29/09 to 12/09/09, the facility failed to ensure emergency services were obtained for 1 of 5 residents in the facility (Resident #1).</p> <p>Findings include:</p> <p>Record review revealed Resident #1 was admitted to the facility in 2007 with a diagnosis of Alzheimer's Disease and hypothyroidism.</p> <p>Review of a facility incident report revealed Resident #1 fell on 8/25/09 at 10:15 AM while sitting alone on the toilet after her shower.</p> <p>Interview with Caregiver #1 revealed she found Resident #1 with her upper body in the shower, face down. The caregiver reported, "There was blood all over." The caregiver reported she picked up Resident #1 instead of calling 911 because the resident was crying for help. She helped Resident #1 back to bed while reassuring her. She reported she called the facility owner to come over because she was scared. Caregiver #1 reported she never considered calling 911.</p> <p>During an interview with the facility owner, she reported she did not consider calling 911 either because Resident #1, who had severe dementia, kept refusing to go to her doctor after the fall. She reported she called Resident #1's daughter and guardian as she transported Resident #1 in her own car to the nearest hospital.</p>	Y 851			

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Y 851	<p>Continued From page 2</p> <p>Review of the hospital emergency room record revealed the facility owner arrived with Resident #1 at the emergency room at 12:16 PM. The record showed Resident #1 was seen by the physician at 12:23 PM. Diagnostic tests showed a brain hemorrhage and dislocated jaw. The resident was promptly transported by ambulance to a hospital specializing in the care of strokes.</p> <p>The record from the second hospital indicated Resident #1 was treated for a large bruise on her right knee, skin tears and abrasions on both forearms and her right shin, and a large hematoma on her left side of her forehead and cheek bone. Resident #1 was treated and observed in the hospital until 9/2/09 and then she was discharged to a rehabilitation facility.</p> <p>The resident fell at 10:15 AM, but did not receive emergency care until 12:16 PM; two hours later.</p> <p>Severity: 3 Scope: 1</p>	Y 851			

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